DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uner deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland b. COUNTY Dorchester Dorchester MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b about 50 yrs hours Cambridge Cambridge Ξ rbon papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS filled Cambridge Maryland Hospital 708 Church Street NO X within etely 3. NAME OF Last DATE Month Day Year First Middle DECEASED 19 67 CECIL KIDID NID APPLEGARTH Oct. cart enf, DEATH (Type or print) and com executed 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH 1892 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX NEVER MARRIED last birthday) Months Hours Male Sept. White WIDOWEO X DIVORCEO 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) physician in please r 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Elec Appliance Sales Retail Merchant Dorchester Co., Maryland USA certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending pl t permit. Then William F. Applegarth Annette Keene 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 0 death (Yes, no, or unknwn) (If yes give war or dates of service) Harold G. Applegarth, Cambridge, Maryland unk cremation, unk INTERVAL BETWEEN burial, cramsit CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: nchopheumonia attending physician. IMMEDIATE CAUSE (a). OUE TO Conditions, If any, which been gave rise to immediate the r to DUE TO cause (a), stating the prior underlying cause last. has (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? IFICATI certificate NO V 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INIDRY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. of (State) MEDICAL (County) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) e: After Hour a.m. Not While at work retained by p.m. at work DIRECTOR: A age 3 should lied with the 9 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on C DATE SIGNED 22a. SIGNATURE pe ATTENOING PHYS. MED. page STAFF **OIRECTOR** PHYS M.O. PHYSICIAN'S FUNERAL ADDRESS director, p NAME (Type) Should 23d. LOCATION (City, town or county) (State) CEMETERY OR CREMATORY 23b. OATE THEREOF BURIAL, CREMATION, Golden Hill, Dor. Co., Md. REMOVAL (Specify) 2 1967 Oct 4, Star Of The Sea Cemetery Burial REGISTRAR'S SIGNATURE AOORESS 25a. REC'O BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR 1967 LeCompte Funeral Service, Cambridge, Maryland VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13799

	MEDICAL EXAMINER 5	CERTIFICATE OF DE	AIII			
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	Life	c. CITY OR TOWN (If outside cor Cambridge		AL ond give neorest town)		
d. NAME OF HOSPITAL OR INSTITUTION (IF not DOA Cambridge Maryla)	in hospitol, give street address) nd Hospital	d. STREET ADDRESS 313 Oakley	Street	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF Firs DECEASED (Type or print) HAROLI		PPLEGARTH 4. DA OF DE		Oct. 26, 1967		
S. SEX Male 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED X WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 2, 1925	lost birthdoy) yrs.	Months Doys Hours Min.		
10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Cambridge, Ma	n country) ryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Harold G.	Applegarth	14. MOTHER'S MAIDEN NAME Imogene Se	ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of	service) 16. SOCIAL SECURITY NO. None Har	informant old G. Applega	rth, Cambri	ldge, Maryland		
X 1 2 4) Intra-Cranial in	njury		INTERVAL BETWEEN ONTELAS PEATS to		
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.	Multiple skull	fractures		Insta h t		
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
200. EXTERNAL CAUSE WAS PRIMARY CAUSE OF DEATH. CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. Riding bycicle			th auto.		
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 7 PM p.m. 10/26/67	20d. INJURY OCCURRED 20e. PLA While Not While Sta	tory street office hide atc \	of. (City or town) ambridge,	(County) (Stote) Dor. Md.		
21. I certify that I took charge death resulted from: Notural ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Mace	of the remains described obove, he causes, Accident Suice Jr. M.D.	CIDE , Hamicide , CHIEF MEDICAL EXAMINE M.D. ASSISTANT MEDICAL EXAMI DEPUTY MEDICAL EXAMI Address (Street, city, to	MINER 10/2 NER 10/2 wn, or county) Cam	22. DATE SIGNED 27/67 abridge, Md.		
230. BURIAL, (REMATION, REMOVAL (Specify) Oct 30,	1967 Star Of The S	Sea Cemetery		ll, Dor. Co. Md		
24. FUNERAL DIRECTOR LeCompte Funeral Ser	vice, Cambridge, Mar	ryla nd 250. REC'D BY REG	30 1967	STRAP'S SIGNATURE		

DATE

VR A15ME 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13800 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester hours after MARYLAND c, CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cambridge month ridge etely filled bon papers within 72 h d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 Cambridge-Maryland Hospital YES ND X Somerset death certificate be executed within NAME OF DATE Middle Last Month Year DECEASED Raymond Oct.21,1967 Applegarth (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE and con remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White Aug. 26, 1886 WIDOWED DIVORCED physician an please ray = 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? County tax assessor Cambridge . R. D. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Thomas S. Applegarth Ettie M. Bennett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SDCIAL SECURITYNO. 17. INFORMANT Address Somerset transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Eva. C. Applegarth, Cambridge, Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by th law requires that the ONSET AND DEATH à PART 1. DEATH WAS CAUSED BY hospital or attending physician. IMMEDIATE CAUSE (a) burial-ti burial, DUE TD Cenditions, If any, which (b) the bu gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) 35 20 WAS AUTDPSY PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use PERFORMED? certificate CERTIFICATI ND YES PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of DR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d Not While ATTENDING at work at work retained DIRECTOR: A sign 3 should led with the 21. I certify that (I) (this hospital) attended the deceased and that death occurred 3:45 MA from the causes and on the date stated above. saw the deceased alive of SIGNATURE 22b. DATE SIGNED 22a. ATTENDING M.D. PHYS DIRECTOR PHYS. 4 may HOSPITAL PHYSICIAN'S NAME (Type) FUNERAL 22d. ADDRESS tor, I should direct 23d. LOCATION (City, (State) BURIAL, CREMATION. 23b. NAME OF CEMETERY OR CREMATORY town or county 0 REMOVAL (Specify) 0 Buria Dorchester Memorial FUNERAL DIRECTOR Cambridge.Md. VR A15 (4)

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral and 2 death.	CERTIFICATE OF DEATH 13801
Pages 1 and 2 wurs after death.	PLACE OF DEATH a. COUNTY Dorchester 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester
s. Pages hours af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge Og /
63	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3. NAME OF OECEASED FIrst Middle Last 4. DATE Month Day Year
	(Type or print) John Jacob Arnie Death Oct. 24, 1967 19
	Male White WIDOWED DIVORCED Queust 10.1885 82 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Ret. Merchant 10b. KIND OF BUSINESS OR INDUSTRY Nonroe, Wisconsin U.S.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John J. Arnie Sophia Beyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) NO Sophia Beyer 20Address as hington St. Nrs. Grace M. Arnie, Cambridge, Md.
ate Dept. of Health prior to burial, cremation, or re ${\Bbb C}$	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last, (c) PART II. DEATH WAS CAUSED BY: ONSET AND DEATH
3	PERFORMED! YES NO 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part Lor
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, farm, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, fa
	21. I certify that (I) (this hospital) attended the deceased from 10-23, 1962, to 10-24, 1967, that (I) (we) last saw the deceased alive on 10-2 (1967, and that death occurred at 1; 30M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 10-26-67 22d. ADDRESS
R	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURIAL OCT. 27.1967 East New Market Cemetery East New Market, Md. 24. FUNERAL DIRECTOR ADDRESS DATE OF THE CAMPBER SIGNATURE

. At hos wine of the Landing Co. 1985 AND THE PROPERTY OF THE PARTY O A DESCRIPTION OF THE PARTY OF No. on tental plants. Carries and a control of the A STATE OF THE PARTY OF THE SERVER OF THE PARTY OF THE PA - No content of the content of the content of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complifiely, director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13799

CERTIFICATE OF DEATH

13803

PLACE OF DEAT O. COUNTY	H Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residon o. STATE Maryland b. COUNTY I	lence before odmission) Dorchester
b. CITY DR TOW Write RUBAL Rhode	N (If outside corporate limits, and give neorest town) Scale - Rural	c. LENGTH OF STAY IN 16 Li fe	c. CITY DR TDWN (If outside corporate limits, write RURAL and g	rive nearest town)
	SPITAL DR INSTITUTION (If not in kview	hospital, give street address)	d. STREET ADDRESS Brookview	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ROBER	Middle V•	BELL 4. DATE Month OF DEATH OCTOBER	Doy Year 15 19 67
s. sex Female		MARRIED NEVER MARRIED DIVORCED D	B. DATE OF BIRTH September 30,1877 9. AGE (In yeors lithdoy) wrs. Months	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPA during most of work Housew	IION (Give kind of work done ing life, even if retired) OTK	1Db. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (County & Stote, or foreign country) Dorchester Co., Md.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	mes C. D. Adam	s	14. MOTHER'S MAIDEN NAME Josephine Willey	
1S. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES? (n) (If yes give wor or dotes of se	rvice)	INFORMANT Address Peyton Adams, Rhodesdale, Mo	i., RFD
	F DEATH (Enter only one couse p DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Candin IT	eunl	ONSTRAND DEATH
rise to immed	DUE TO Ony, which gove liote couse (o), aderlying couse (c)	General arter	is selerasis	Ž
PART II. OTHE	R SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING □ ING □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Port I or Port II of item 1B.)	
2Dc. TIME OF Hour	INJURY Month, Doy, Year o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	County) (Stote)
21. I ce saw the	rtify that (I) (this haspite deceased alive an	al) attended the deceased from_ 1967, and the	, 1966, ta OG 15, 19 of deoth occurred at 4 P. M, fram causes and an	the date stated abov
22o. SIGNATU	74.5. Tuck	elman M	.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	DATE SIGNED
22c. PHYSICI) NAME (T		15 puri	Sharpton m	it _
230. BURIAL, CREM REMOVAL (Spe	Oct.17,1	967 Brookview Co	emetery Brookview, Mary	(County) (Stote)
	CTOR from them	plane A. ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester a. STATE Maryland b. COUNTY Dorchester after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b p hours 1 month Cambridge Bishops Head .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital ON A FARM? within None NO A etely 3. NAME DE Middle Last Month Day Year DECEASED HEREERT DF event. C. carl BRAMBLE comple (Type or print) DEATH Oct. 1967 executed 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH remove ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. апу Male White June 11, 1891 and Months Davs WIDOWED [DIVORCED ding physician a Then please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Seafood COUNTRY? Waterman Dorchester Co., Maryland USA removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses W. Bramble Minnie Dayton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attendit 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) Bishops Head, Mrs. Herbert C. Bramble, Maryland cremation. unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN led by ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINGMA OF LUNG THETASTASES TO APRENAL YGARS signed burial-t burial. DUE TO Conditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate PERFORMED? YES I NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year det 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour am After Not While at work at work retained should DIRECTOR: Jage 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from. _ 19.6.7. to_ 10 - 5 . 196 7 . that (1) (we) last 19 67, and that death occurred at 930 p.M. from the causes and on the date stated above. 10-5 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page -7-62 DIRECTOR PHYS. M.D. 4 may O FUNERAL director, pa HOSPITAL PHYSICIAN'S NAME (Type) JAMES 22d. ADDRESS MECARTER BOX 386 CAMBRIDGE MD. 21613 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Oct 8, 1967 2 St. Thomas Cemetery Bishops Head, Dor. Co., Md. Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE Ochanles LeCompte Funeral Service, Cambridge, Maryland VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

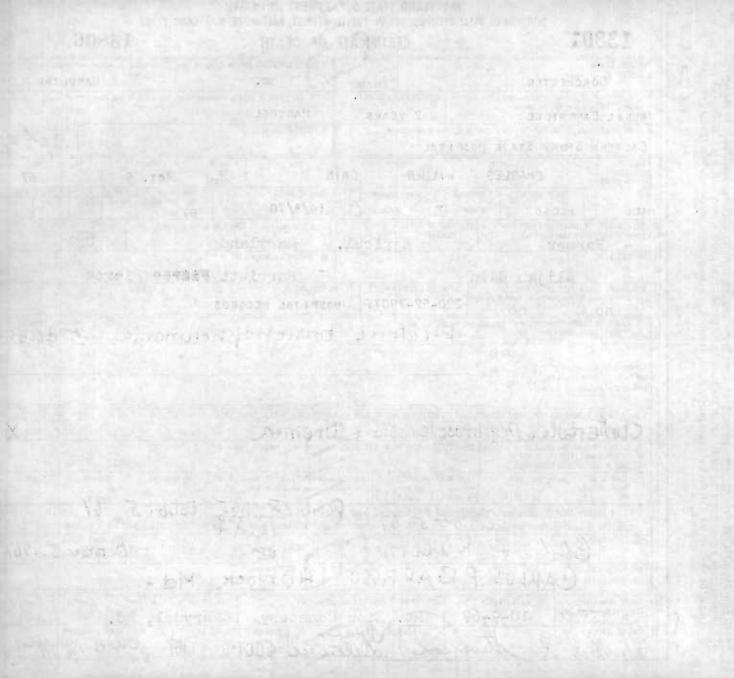
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13801

CERTIFICATE OF DEATH

13806

ALC: NO.											
N		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed lived				1
IV	1	Dor	CHESTER		MARYLAND	a. STATE MD.		b. COUNTY	CARC	DLINE	1
			If autside corporate limit give nearest tawn)	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits	, write RURAL	and give neare	est tawn)	
		RURAL CA	MB RID GE		2 YEARS	MARYDEL				05	-1
1-			AL OR INSTITUTION (If no			d. STREET ADDRESS				e. IS RESIL	DENCE MR M2
2		EASTERN	SHORE STATE	E HOSPI	TAL					-	NO [
		NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Manth	Da		
		(Type or print)	CHARL		ILMER CA		DEATH	Ост. 5			67
	S.	ZEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I		Months Doys	Hours	R 24 HRS. Min.
	_	IALE	NEGRO	WIDOWED		10/3/70	97	γrs.			7.41.5
		. USUAL OCCUPATION ng mast of warking	(Give kind of wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	y & State, ar fareign cou	ntrγ)	12. CITIZEN C		
		- Fa	rmer		Agricul	Maryl			COUNTRY	A	
	13.	FATHER'S NAME				14. MOTHER'S MAIOEN					
	16	Was Destaced Dis	Elijah C		COSTAL CASULATURE IN THE		Lett P性性		lerce		
			R IN U.S. ARMED FORCES? (If yes give war ar dates o	£		INFORMANT		Address			
	-	no	no_			HOSPITAL RE	CORDS				
		18. CAUSE OF DI	EATH (Enter anly one cau IH WAS CAUSED BY:	ise per line for	(a), (b), and (c).)	bookechi	01. 10 01	20.00	IN	TERVAL BET	WEEN DEATH A
,		UGIV	IMMEDIATE CAUSE		dilateral	brunch	pheur	nonic	5	00	cys
		Canditions, if ony	DUE								
		rise to immediat	e couse (a),	(b)							
		stoting the unde	rlying cause	(c)					CASE IN		
			GNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION CIVEN IN PA	PT I(a)	119	WAS AUTO	OPSY
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13804 13809 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATMaryland b. COUNTY Dorchester delay is and 3 ta Page Dorchester d. MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b 2, and PM3. write RURAL and give nearest town) Cambridge Cambridge IS RESIDENCE ON A EARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 906 Phillips St. 906 Phillips St. 00 NO X 24 haurs after death. I Office alang with NAME OF DATE First Lost Year OF DEATH DECEASED Davis Thomas 27 1967 Oct. IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours Negro Male DIVORCED 72 hours after death WIDOWED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT USA COUNTRY? during most of working life, even if retired) INDUSTRY Examiner's in pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Medical (Yes, no, or unknown) (If yes give war or dates of service "pending" event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit CASET AND DEATH he Chief IMMEDIATE CAUSE (6) Rupture of bladder This certificate shauld please execute the certificate, writing the ward I director. Page 4 shauld be farwarded to the Ch DUE TO any Conditions, if ony, which gove (b) rise to immediate couse (o), u DUE TO stoting the underlying couse 0 and OS lost. used 19. WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 0 PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Not While Hour o.m. foctory, street, office bldg., etc.) yaur While FUNERAL DIRECTOR: Page of work ot work Inspection X 21. I certify that I taok charge of the remains described above, held an Autopsy and in my apinian Inquiry , Notural couses deoth resulted from: Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE funeral DEPUTY MEDICAL EXAMINER necessary, John Mace Address (Street, city, town, or county) Cambridge, Md. May (County) 23d-LOCATION (City or Town) 0 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13805 13810 CERTIFICATE OF DEATH death. within 24 haurs after death funeral s⁻¹ and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY filled in by the fune papers. Pages 1 a thin 72 haurs aftered b. COUNTY Dorchester Maryland Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUPAL and give neorest tawn) 2 mons. 19 days Greensboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? filled Belle Haven Nursing Home YES NO K 3 NAME OF First Middle remove tarban Lost 4. DATE Month Year campletely DECEASED IVY BEATRICE EGE October 67 (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last hirthdoy) Hours April 16, 1887 Female White and in any WIDOWED DIVORCED and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRYOME please during most of working life even if retired) COUNTRY Harrisburg, Penna. attending physician sermit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Elizabeth McLenagan Adam Kope 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes af service) Nursing Home Records, Hurlock, Maryland Unknown burial, crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSED AND DEATH Acute Pulmonary Edema IMMEDIATE CAUSE (a) ar attending physician. signed by DUE TO Massive Cerebral 60hrs emorhage Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 15vrs Cerebral Arterrosclerosis WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Generalized Arteriosclerosis

Health ! NO K certificate 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) After 1 deceosed from 9/2/67, 19, to 10/8, 1967, that (I) (we) lost 1967, and that death accurred at 2:55 MAMform causes and on the date stated above. 21. I certify that (1) (this hospital) attended the deceased from , 1967, that (1) (we) lost saw the deceased olive on 10 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) H rold B. Pummer M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, Oct. 10, 1967 Silverbrook Cemetery ry Wilmington Delaware
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 9 ADDRESS Translow Melantes Framptom and Son / Federalsburg, Maryland OC

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TO FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. of TO HOSPITAL OR ATTENDING PHYSICIAL PAge 4 may be retained by the hospi

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3806 CERTIFICATE OF DEATH

	- 0. 2	
1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE Maryland b. COUNTY Dore	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hurlock c. LENGTH OF STAY IN 1b 32 Yeard	c. CITY OR TOWN (If outside corporate limits, write RURAL Cambridge	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Belle Haven Nursing Home	d. STREET ADDRESS Academy Street	e. IS RESIDENCE ON A FARM? YES NO
(1) po or print)	UNTAIN 4. DATE Month OF DEATH OCt.	
Male White WIDOWED DIVORCED	03 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk 10b. KIND OF BUSINESS OR INDUSTRY Retail Store	Cambridge, Maryland co	UNTRY? USA
John A. Fountain	14. MOTHER'S MAIDEN NAME Wilhelmina Mills	
	NFORMANT William Shaw, Cambridge, Mar	yland
gave rise to immediate	ive cardio renal Disease	INTERVAL BETWEEN ONSET AND DEATH 3 days
cause (a), stating the put to Generalozed arter underlying cause last. PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO THE CONTRIBUTING TO CAUSE OF DEATH OR C		10yrs 19. WAS AUTOPSY PERFORMED? YES NO X
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.,	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Courty, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 10/8/67 19 , and that 22a. SICNATURE	ATTENDING - MED STAFF	
PHYSICIAN'S NAME (Type) arold B. Plummer M.D	Preston Maryland	
23a. BURIAL (CREMATION, 23b. DATE THEREOF BURIAL (Specify) Oct 11, 1967 Dorchester Met	emorial Park Cambridge, Maryl	
24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Mary		rlay Judge

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lecomple Foreral Service. Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13812 CERTIFICATE OF DEATH The law requires that the death certificate be executed, within 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY ber papers. Pages 1 a within/72 hours after d MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL ond give neorest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? not in hospital, give street completely filled ave carbon par YES NO 3. NAME OF 4. DATE Doy Year DECEASED OF DEATH (Type or print) 19 burial, crematian, ar removal, and in any event DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARKED AGE (In years IF UNDER 24 HR remave birthdoy) Months Doys Hours DIVORCED 0 -15-10o. USUAL OCCUPATION (Give kind of work done during most of working life leven if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT SALISBURY 401 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, grunknown), (If yes give war or dates of service) UN KNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)1 INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSE AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS Y PERFORMED? Diabetis brellitus certificate YES NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, DIRECTOR: After this 20c. TIME OF INJURY Month, Dov. Yeor (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from JU directar, page 3 shauld sow the deceased alive on October 1967, and that death occurred of 200M, from couses and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF Detiber 11. 22d. aADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 230. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote SALISD 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) norman T. Baker

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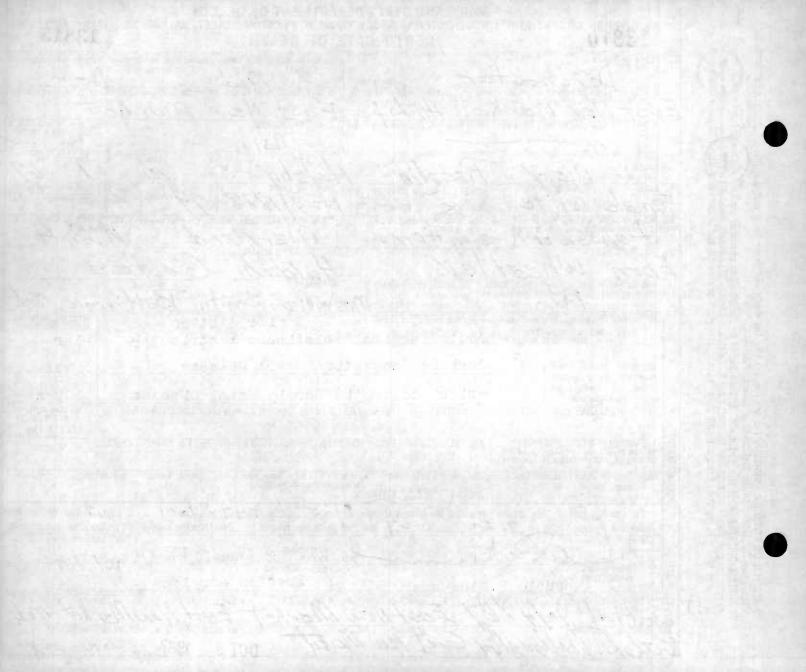
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Dorchester Ken Md. Dor MARYLAND funeral bartment CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b may days Cambridge Camby Idea any delay Whece, 2, and 3 to the fine PM3. Page 5 m Debar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Glasgow/Nursing Cambridge-Md . Hospital NO X YES Month NAME DE Middle Year DECEASED the Rolland Gundlach (Type or print) DEATH 2 with within n 24 hours after death. If a in Item 18. Give Pages 1, office along with form 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED birthday) Months Davs Hours Male WIDOWED DIVORCED (10 event 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during most of working life, even if retired) TRANSPORMEN Farming Retired Towa pages 1 in any U.S.A MOTHER'S MAIDEN NAME 13. FATHER'S NAME Herman L.C. Gundlach Windows Nellie I. Bisby File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. should be executed within word ''pending'' in pencil i Chief Medical Examiner's Holicowax No. Records Cambridge Hospital. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Terminal pneumonia IMMEDIATE CAUSE (a) cremation, DUE TO Fracture neck r. femur days Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating a underlying cause last (c) used as to burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NOXX YES certificate, writing to be DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING X Pa CAUSE OF DEATH. Fell out of bed. shoul 3 shou agent, CAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm. 2Df. (City or town) (County) (State) TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour Not While Cambridge Md . Dor. at work at work 1 Nursing Home CTOR: Page designated Inquiry X, 4 should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and In my opinion es. DIRECTOR: Undetermined manner Suicide Homicide Natural causes Accident death resulted from: CHIFF MEDICAL EXAMINER your execute . Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 10/29/67 DEPUTY MEDICAL EXAMINER TY FY AM INFO please ex director. retained Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF Q.A.Co; Md. 40 Nov. 1, 1967 Sudlersville Cemetery Sudlersville, 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Milantes Millington, Md. 21651 Edward Fellows & Son, 3500 4-64

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- 72 -		13810 CERTIFICATE OF DEATH
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1 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
within 2	3.	NAME DF DECEASED (Type or print) PS 2 in Hels by Beath 1967
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attendi attendi srmit. T	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S, no, or unknown) (If yes give war or dates of service) Mrs. William Smith Baltimare, Md
The law requires that the death certificate be ender attending physician. The attending physician is ate has been signed by the attending physician is use as the burial-transit permit. Then please resulth prior to burial, cremation, or removal, and in		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dialation c Ventricular Thr
w requires that ending physiciar as been signed as the burial-transion to burial, cr		Conditions, if any, which gave rise to immediate (b) Chrisnic Congestive Heart Disease 3 mos
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	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
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od by the After thi d be det d be det	MEDICAL	Hour a.m. p.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work factory, street, office bidg., etc.)
L OR ATTEND y be retained DIRECTOR: A age 3 should		21. I certify that (I) (this hospital) attended the deceased from \$\frac{123}{25}\$, \$\frac{19+7}{7}\$, to \$\frac{10-1}{7}\$, \$\frac{19-7}{7}\$, that (I) (we) last saw the deceased alive on \$\frac{19-7}{7}\$, and that death occurred at \$\frac{10-7}{7}\$, from the causes and on the date stated above \$\frac{22a}{22a}\$. SIGNATURE \$\frac{12b}{12b}\$. DATE SIGNED
MAL DIRECT PRESENTS OF FILE OF FILE OF FILE OF FILE OF FILE OF FILE OF THE OF T		M.D. ATTENDING MED. STAFF 22c. PHYSICIAN'S 22d. ADDRESS
TO HOSPITAL Page 4 may TO FUNERAL director, pa	772	NAME (Type) Harold B. Plum mmer Preston Maryland
5 5 5 5	5024	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, town or county) (State) REMOVAE (Specify) OF THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, town or county) (State) EUNERAL DIRECTORY 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	X.	ith D. Philloughly Coast New Merky DATE OCT 9 1967 yourses Judges



MARYLAND STATE DEPARTMENT OF HEALTH

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24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon page shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

CERTIFICATE OF DEATH

					· ·
		PLACE OF DEATH O. COUNTY Dancheste	₩ MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institute of the state of	
	P	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparaté limits, write RI	JRAL and give nearest tawn)
1	<u></u>	NAME OF HOSPITAL OR INSTITUTION Wast in ha	ispital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
3	5	astenn Shol	or State Hos	6 Chesterfield AVE	ON A FARM? YES NO
Ī		NAME OF First	Middle	Last A. DATE Mar	nth Day Year
		(Type or print)	A Covey	Hunter DEATH 1	0 -11 1967
	S.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
9		J W WID	DOWED DIVORCED	09-25-74 Syrs.	Months Days Haurs Min.
9	10o. duri	USUAL OCCUPATION (Give kind of work dane ng plost of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHE ACE (Couply & Style or foreign (country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME / +	Dance	14. MOTHER'S MAIDEN NAM	VEY
-	10	11012 F	JUDYS	SH MAR SA	113
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, trunknawn) (If yes give war ar dates af servic	16. SOCIAL SECURITY NO. 17. 18. 24. 4161-51	INFORMANT 55, H- Rev	nds
		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)	lo Cachelia	INTERVAL BETWEEN ONSET AND DEATH
		194× IMMEDIATE CAUSE (o) DUE TO		7	- 11
		(anditions, if any, which gave) (b)	3.		4 moultes
		rise to immediate cause (o), Stating the underlying cause DUE TO	. 17.5		
	- 1	lost. (c)	*		
3	ATION		UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
-	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this haspital) saw the deceased glive on 10 -	attended the deceased fram_/ //1967, and tha		and an the dote stated obave.
		220. SIGNATURE Speries	hude , M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED 10-11-67
1		22c. PHYSICIAN'S EFRAIN CONTRACTOR NAME (Type)	FERNANUE 2	22d. ADDRESS	
	1	BURIAL (REMATION, PREMOVAL (Specify) Oct 14/9	235 NAME OF CEMETERY OR	(CEMETERY CENTREVILLE	O.A.Co Md.
		FUNERAL DIRECTOR HRATES BRATES	ADDRESS OF	250. REVID BY REGISTRAR 25b. F	Climber Suchature

246. porchester Cross bridge and seem Campiness the English of State West West and Company Markey Copy of therefore was 25-76 89 A CALL TO THE CONTRACT OF THE PARTY OF THE P Kithert Davies Contraction The CINE STATE OF THE PARTY OF

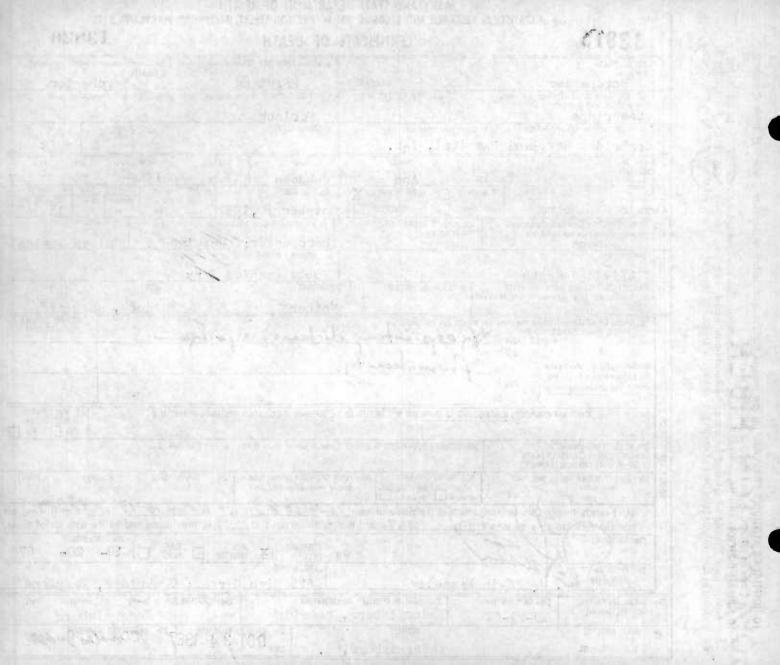
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY aryland Dorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge ambridge = Dav e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS tely filled pape ON A FARM? ent, within NO P Cambridge-Maryland Hospital YES Shepherd death certificate be executed within NAME OF Middle Last Month Year DECEASED Allen Hurley Oct. 30 Major comple (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH White Male WIDOWED A DIVORCED [7] he attending physician a permit. Then please re tion, or removal, and in Ξ 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dorchester Co., Near enna Retired Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Horseman Thomas Hurley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Shepherd transit perm cremation, Mrs.W.Walton Fitzhuch, Cambridge INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PHYSICIAN: The law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). attending physician. been signed the burial-transfer to burial, cra DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating the underlying cause last, has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f S MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work should ith the S 196/ 21. I certify that (I) (this hospital) attended the deceased from. 10-2 that (I) (we) last saw the deceased alive on 10-30 and that death occurred at3 P.M. from the causes and on the date stated above. 22b. DATE SICNED 22a. SICNATURE filed STAFF PHYS. 0-31-6 M.D. DIRECTOR Page 4 may FUNERAL ADDRESS 22d. should be director, NAME (Type) RICHARD BILODEAU BLOG. , CAMBRIDGE OFFICE BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) 9 Nov.2 1967 Dorchester Memorial urial Park Cabbridge REC'D BY REGISTRAR | 25b. RECISTRAR'S SICNATURE FUNERAL DIRECTOR ADDRESS 196 Cambridge VR A15 (4) 20M 1/65

PERM 5 0 COURT OF THE STATE and the state of t - traped telepoper tust a remaining pathon of the second THE RICHARD G. P. B. LODEN W. L. TH. OFF. CE. OLOG. S. CAMELINGS. and trained that Indrone in telephone I to Law of the second of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland Dorchester b. COUNTY Dorchester Page Department af MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambrid ge C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cambridge 10 years IS RESIDENCE ON A FARM? Or Ban d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Cambridge Maryland Hospital 1003 Hambrooks Blv'd. State Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. icate, writing the ward "pending" in pencil in Item 18. Give Pag be farwarded ta the Chief Medical Examiner's Office alang with NAME OF First Middle 4 DATE Lost Month Year Dov DECEASED File pages land 2 with the INSLEY JOHN HERMAN 67 Oct. 26 (Type or print) DEATH SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) White Months Doys Hours Male Sept. 18, 1885 after death. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country)
Toddville, Maryhand 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life even if retired) Ret. Dirt-Seafood COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 haurs John Hutz Insley Elizabeth Rebecca Lloyd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 213-16-8866 Mrs. J. Herman Insley, Cambridge, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Coronary occlusion IMMEDIATE CAUSE (o). DUE TO any Conditions, if ony, which gove rise to immediate couse (a), = DUE TO stoting the underlying couse and SD be used 19. WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 should shauld 6 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work please execute 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection X Inquiry , and in my opinian death resulted fram: Natural causes X., Accident ... Suicide ... Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE priar TO DEPUTY pe 10/27/67 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D may Health NAME (Type) Address (Street, city, town, ar county) Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE IHEREOF 23d. LOCATION (City or Town) (Stote) 0 Dorchester Memorial Park Oct 28, 1967 Cambridge, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY, REGISTRAR Milaries VR A15ME LeCompte Funeral Service, Cambridge, Maryland 6M 1/67

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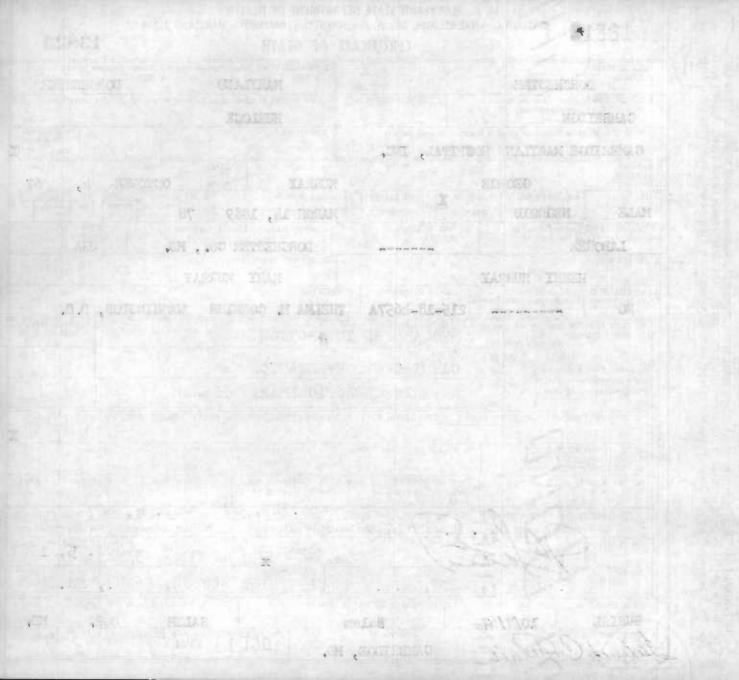
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13823

1. PLACE OF DEA	Н			2. USUAL RESIDENCE	(Where deceosed liv	ed, if institution: Re	sidence before o	dmission)			
o. COUNTY	DORCHESTER		MARYLAND	o. STATE MARYLAND b. COUNTY DORCHESTER							
b. CITY OR TOW write RURAL CAMB	N (If outside corporate limit and give nearest town) RIDGE	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and	d give nearest to	own)			
d. NAME OF HO	SPITAL OR INSTITUTION (If n	at in hospital,	give street address)	d. STREET ADDRESS			e.	S RESIDENCE ON A FARM?			
CAMBR	IDGE MARYLANI	HOSPI	TAL, INC.				YES				
3. NAME OF DECEASED (Type or print)	GEO!	irst RGE	Middle	Lost MURRAY	4. DATE OF DEATH	Manth OCTOBER	Doy	Year 19 67			
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UN	NDER I YEAR IF	UNDER 24 HRS			
MALE	NEGROID	WIDOWED	DIVORCED	MARCH 14.	1889 7	Birthdoy) Mont	ths Doys I	Hours Min.			
during most of work	IION (Give kind of work done ing life, even if retired) RER		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count DORCHES'	ty & Stote, or foreign of		2. CITIZEN OF W COUNTRY? USA	HAT			
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN							
	HENRY MURI	RAY		MAR	Y MURRAY						
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	of convice) 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address					
NO	(If yes give war or dates	21	5-18-4657A	THELMA M. CO	ORNISH	WASHINGTO	N. D. C.				
1B. CAUSE O PART 1.	DEATH (Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for M	(o), (b), ond (c).) YOCARDIAL I	NFARCTION				AL BETWEEN AND DEATH			
Conditions, if	DUE	10	ARDIAC DECO	MPENSATION	J						
rise to imme	liote couse (o), nderlying couse	(0)	RTERIOSCLER			E					
PART II. OTHE	R SIGNIFICANT CONDITIONS O	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(o)	19. WA PE YES	AS AUTOPSY REORMED?			
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	2Db. DE	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	n Port I or Port II of	item 1B.)					
20c. TIME OF Hour	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 20d. INJURY OCCURRED While of work of wo										
	rtify that (I) (this has deceased glive an	offal) otten	led the deceosed fram_	at death accurred a	19 <u>0</u> , to <u> </u>	m causes and a					
22o. SIGNATU	Justa	the		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF D	CT. 5,	1967			
22c. PHYSICIA		FASSE	TT, M.D.	623 High	gh Stree	t, Camb	., Md.				
NAME (T											
NAME (T 230. BURIAL, CREM	ATION, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LOCATIO	N (City or Town)	(County)	(Stote)			
NAME (T	ation, 23b. Date th	EREOF	23c. NAME OF CEMETERY O		23d. LOCATIO SAL CD BY REGISTRAR	em i	(County) OOR	(Stote)			



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13820

CERTIFICATE OF DEATH

13825

To and		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	before odmission)
funeral s 1 and rec deat	(COUNTY DORCHESTER MARYLANDX MARYLANDX D. COUNTY TA 160	+
the funeral ages 1 and s after deat		CITY OR TOWN (If gutside comparate limits CITY OR TOWN (If gutside comparate limits write PUPAL and give	
Pages ars afte	1	write RURAL and give neorest town)	2.4
9 0	0	Am bridge (Kural) 3 months Caston NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
tilled in 72 hand 72 h	-		ON A FARM?
13 /3	-	ASTERN Shore State Hospital	YES NO X
住七		IAME OF First Middle Last 4. DATE Month OF OF	Day Year
nave carbo	(Type or print) George Lumpkin Ne./SON DEATH 10	9 1967
38	S. S	THE THE MARKET IN THE TELL THE THE TELL THE THE TELL THE	YEAR IF UNDER 24 HRS.
n any ev	n	1A/E White WIDOWED LX: DIVORCED 12-05-1882 84 vis.	Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIL	ZEN OF WHAT
, and i	2	ng most of working life, everylf retired) ARMENT BUSINESS CARMENT BUSINESS MARYLAND - U.S.A. (100	NTRY?
		FATHER'S NAME 14. MOTHER'S MAIDEN NAME,	
remava	*	John I. Nelson Emma Lumpkin	
ren	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 10 10 10 10 10 10 10 10 10 10 10 10 10	
crematian, or	X e	no contraction (If yes give war ar dates of service) Eastern Shore State Nosp. (Medic	pikecoeds)
tian, or rema		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
burial, crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA	ONSET AND DEATH
		493 × DUE TO	
burial,		Conditions, if any, which gave) (b)	
		rise ta immediate cause (a), DUE TO	1-44-56
rta		last. (c)	
pridr		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION	GENERALIZED ARTERIOSCLEROSIS	YES NO
The dill	5	20a. ACCIDENT WAS UNDERLYING \(\square\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	100 [] [
to d	ERI	OR CONTRIBUTING ☐ CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (Caun	nty) (State)
	MEDICAL	Haur a.m. While Nat While factory, street, affice bldg., etc.)	(Sidie)
		p.m. 19 at work 1 at work 1	2.4.407
o e		21. I certify that (I) (this haspital) attended the deceased fram OCT 6, 1967, to OCT 9, 196 saw the deceased alive an OCT 9, 1967, and that death accurred at 4 4 M, fram causes and an the	Z, that (I) (we) las
with th		saw the deceased alive an OCT 9 19 6 7, and that death accurred at 4 4 M, fram causes and an the	
×		ATTEMPING - MED - STAFF COMPANY	- 0
tiled		Sean M Killoran MX M.D. PHYS. DIRECTOR PHYS. DICT 22c, PHYSICIAN'S 22d. ADDRESS	1,176/
be filed		NAME (Type)	
should b	02	BURIAL CREMATION. 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (((5)
Joh ()	230.	BURIAL CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUSINESS (Grant Town) (1) BUSINESS (1) BOLLINORE, Md.	Caunty) (Stote)
THE		FUNERAL DIRECTOR ADDRESS A. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	IARYLAND
24		13821 CERTIFICATE OF DEATH	13826
)	1.	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY DOI	esidence before admission chester
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. CITY OR TOWN (if outside corporate limits, write RURAL cambridge) Rural—Cambridge	and give nearest town
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Maryland Hospital Paw Paw RFD No. 3	e. IS RESIDENC ON A FARM?
	3.	B. NAME OF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) KATHERINE COLLINS NIEMAN DEATH OC	Day Year t. 6 19 67
		Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED May 25, 1880 8. DATE OF BIRTH last birthday) 87 yrs.	
	10a	Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (County & State, or foreign country) St. Michaels, Maryland	USA
	13	3. FATHER'S NAME George W. Collins 14. MOTHER'S MAIDEN NAME Johanna Pfister	
	15 (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) No (If yes give war or dates of service) No (If yes give war or dates of service) No (If yes give war or dates of service) No (If yes give war or dates of service)	ridge, Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma (aden o) of right DUE TO Conditions, If any, which (b) Colon With Inclass (a)	INTERVAL BETWEEN ONSET AND DEATH
	-	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
			.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	inty) (State)
		21. I certify that (I) (this hospital) attended the deceased from July , 1967, to 200, 1968, saw the deceased alive on 200, 1968, and that death occurred at 90M, from the causes and on the course of	he date stated abov
		Land M.D. ATTENDING MED. STAFF 9 1	Oct 67
	-	1220. NAME (Type Lewis M. Burdette 4 Pheron St., Combra	fe Ma
		Burial, Cremation, 23b. Date thereof Oct 9, 1967 Old Trinity Cemetery Church Creek, Mai	ryland
		24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambrid ge, Maryland DATE OCT 1 6 1967 ADDRESS ADDRESS DATE OCT 1 6 1967	
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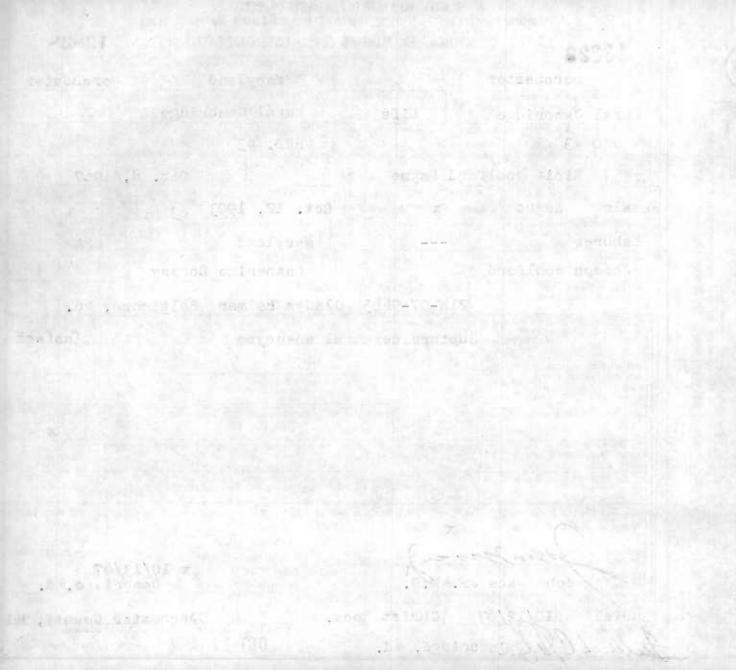
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) Dorchester b. COUNTY Dorchester delay is and 3 to a. COUNTY o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1h Cambridge vrs. Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? DOA Cambridge Md. Hospital 12 Lincoln Terrace NO.K YFS in pencil in Item 18. Give Pages This certificate shauld be executed within 24 hours after death. NAME OF Middle 4. DATE First Lost Month Year DECEASED Eddie 67 James Patterson Oct. (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Manths Hours 6/9/1938 Male event within 72 haurs after death. Negro WIDOWED DIVORCED rd "pending" in pencil in Item 1. Chief Medical Examiner's Office 10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Laborer Alabama 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ed. Patterson Ida Watkins 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor ar dates af service) 219-16-0615 Frances Fletcher Cambridge, Md. No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: THIS CAND DEATH Intra-abdominal hemorrhage IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch DUF TO Imatant Shot gun wound abdomen any Canditians, if any, which gave rise to immediate cause (a), _= DUE TO stoting the underlying cause gp 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO please execute the certificate. pe i 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should 5 Shot by shotgun (Homicide) CAUSE OF DEATH crematian, 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Manth, Day, Year Street office bldg., etc.) Nat While Vaur While at wark FUNERAL DIRECTOR: Page at wark Cambradge Dor. Md. 7:30PM 10/15/67 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry I, ond in my opinion be retained far Suicide [Undetermined monner deoth resulted_from: Noturol couses Accident Homicide X CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE funeral 10/19/67 DEPUTY MEDICAL EXAMINER John Mace Health Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 0 10/21/67 Bethel Cemetery Wambridge. Dor. VR A15ME (5) Cambridge. Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13828 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Rural Cambridge Rural Cambridge Life d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 00 RED. #3 YES NO [in pencil in Item 18. Give Poges land2 with the State This certificate should be executed within 24 hours ofter death. forworded to the Chief Medical Examiner's Office along with Middle NAME OF DATE Month Year DECEASED Nicie Woolford Payne 8, 1967 Oct. 19 DEATH (Type or print) IF UNDER 1 YEAR S SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) Hours Negro Female Dct. 12, 1903 event within 72 hours ofter death WIDOWED X DIVORCED 1Da, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Joseph Woolford Catherine Dorsey 15. WAS DECEASED EVER IN U.S. AKMED POKCES:
(Yes, no, or unknown) (If yes give war or dotes of service) 214-07-9443 17 INFORMANT Address Gladys Palmer Baltimore, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Rupture cerebral aneurysm writing the word DUE TO any Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS'
PERFORMED? removol, CERTIFICATION please execute the certificate, YES X NO pe 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 3 should PRIMARY CONTRIBUTING 0 CAUSE OF DEATH. cremotion, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (State) Not While at work factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy \(\mathbb{X}\), Inspection \(\preceq\). Inquiry , and in my apinion for Accident . death resulted from: Natural causes 😿 Suicide . Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10/13/67 John Mace Jr. Address (Street, city, tawn, or county) Cambridge . Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (State) 0 10/12/67 Christ Rock. Dorchester County,
TRAR | 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (5) Meliantes Cambridge. Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15ME (5

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CEKTIFICA	ALE OF DEATH		199	31
	DRCHESTER		MARYLAN	O. STATE MAG	(Where deceased lived, if instituti b. COUN		
CAMPERHRAM	N (If autside corparate limi padenive(neout leur)		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If a	utside corparate limits, write RUR E R	tAL and give neare	ist tawn)
d. NAME OF HOSE	SPITAL OR INSTITUTION (IF A SHORE STAT	ot in hospital, E HOSPI	give street address) TAL	d. STREET ADDRESS Box 24A	3 - 13		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ESTHER	irst	Middle	RANKIN	4. DATE Monti		Year 19 6 7
FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 03-15-30	9. AGE (In years Just birthday) yrs.	Manths Doys	Haurs Min.
Oa. USUAL OCCUPAT Jurin Onle f work	TON (Give kind of work done ing life, even if retired)		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County NORTH CA	y & Stote, or foreign country) ROLINA	12. CITIZEN C COUNTRY	
JORDAN				14. MOTHER'S MAIDEN ANNA T			
IS. WAS DECEASED (Yesono, ar unknow	EVER IN U.S. ARMED FORCES? (If yes give war ar dates	af service) 16.	SOCIAL SECURITY NO.	17. INFORMANT RECORDS OF T	HE EASTERN SHO		HOSPITA
PART I. I. 465 Conditions, if or rise to immediately the units to the units the units to the units the units to the units the	any, which gave	1	(a), (b), and (c).)	ary euch	lin	Oi	iterval between nset and death
Post 1 20a. ACCIDENT OR CONTRIBUTION OF CONTR	R SIGNIFICANT CONDITIONS CONTROL OF CONTROL	tour	distile, -	DO THE TERMINAL DISEASE CO Boull festule RRED. (Enter nature of injury in	a , post-ofera	1	V. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF Hour	INJURY Manth, Day, Year 'a.m. p.m. 19	20d. I While at was	Not While	e. PLACE OF INJURY (Hame, far factary, street, office bldg., etc		(County)	(State)
saw the	deceased alive on_		ded the deceosed from	that death accurred or M.D. ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	and on the da	
22c. PHYSICIA NAME (T	(Pe) EFRAIN	C.F	PRNANDEZ		S. S. Ar	pital	7
23a. BURIAL, CREM. REMOVAL (Spe	cify)	IEREOF	23c. NAME OF CEMETER		23d. LOCATION (City or Tox	wn) (Count KEN)	,,
24. FUNERAL DIRE		101	ADDRESS CAMBELL C	250 REC		GISTRAR'S SIGNATU	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13823 CERTIFICATE OF DEATH 13833 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY Dorchester Maryland Dorchester MARYLAND within 72 hours afte b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) East New Market - Rural Cambridge 16 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers R.F.D. #1 Cambridge-Maryland Hospital YES NO X requires that the death certificate be executed within 3. NAME OF Middle 4 DATE First Last Month Day Year completely remove carbo DECEASED CARRIE October 19 67 STMMONS ond in ony event, Type or print DEATH IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months January 1, 1922 Negro Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a Home COUNTRY? Lenore County, N.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, attending phys permit. Then p Narcissus Joyner Broadie Whitfield WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no grunknown) (If yes give wor or dotes of service 239-16-6313 Frank Simmons, East New Market, Md., RFD #1 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, crematic ONSET AND DEATH Uremia IMMEDIATE CAUSE (o) DUE TO Hypertensive Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse by the hospital or ottending Arteriosclerotic cardiovascular renal disease the d for use as the of Health prior to has been ATTENDING PHYSICIAN: The law lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) TO FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (1) (this haspital) ortended the deceased fram Sept. 22, 1967, to Oct. 0, 1907, that (1) (we) last be retained 1967, and that death occurred at 3 P. M. fram causes and an the date stated above. sow the deseased alive on OC 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Oct. 10. 1967 director, poge 3 should be filed v M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FASSET M.D. High Street, Camb., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Near Rhodesdale, Md. October 14. 1967 Rhodesdale Cemetery 2Sh REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 Ochember Judge Framptom and Son. Federalsburg,

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de 1 W I 364-70-1015 Mrs. Lens spencer, Corsonelle, paper.

erial of Dec. 11, 1907 | Machington Cometers - Near Lurleck, Margigan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Dorchester Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) hours Madison days Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? bon pap within Cambridge Md. Hospital NO ely 3. NAME OF Middle Last DATE Month Day DECEASED 0F Hamilton October Travers 6 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO Y NEVER MARRIED Jast birthday) | Months | Days 6.1901 Male Whi te WIDOWEO [DIVORCEO [Mav nding physician a Then please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Dorchester Md. U. S. Farmer 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Mary Thomas Lake R. Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 5 (Yes, no, or unknwn) (If yes give war or dates of service) 86/Mrs. P. Hamilton Travers Madison Md. cremation, No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). OF BLADDER E TO PELVIS & BOWELL CARCINOMA METASTASIS been street burial, burial, Conditions. If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES NO W 20a. ACCIDENT WAS UNDERLYING I 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ached f OR CONTRIBUTING CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work DIRECTOR: A age 3 should led with the S 0 1966 to OCT & 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1967 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNEO 22h. page ATTENDING M.O. PHYS. OIRECTOR PHYSICUAN'S 22d. AOORESS MARYANOV director. pinous 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, LOCATION (City, town or county) REMOVAL (Specify) 10 DORCHESTER MEM-PARK 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR CAMBRIDGE MD. VR ALS 20M

MARKET TO SHARE DIRECTOR OF THE PERSON modeadougl THE VICE THRU SOLDS - Madagani 0 7 7 8 6 5 10 7 7 7 7 639-329 Inter RIVER BELLEVIOLE BARRETON OTO FREE . T SXBIL THE RELEASE OF STREET WAS ASSESSED. TO SEE STREET OF THE S The second of th The second secon

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13836

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY DO	orchester	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Dorchester c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Madison							
b. CITY OR TOWN write RURAL of Madi:	I (If outside corporote limits, and give nearest town)	c. LENGTH OF STAY IN 1b								
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in hosp ©	pitol, give street oddress)	d. STREET ADDRESS None e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle E .	Lost TREGOE	4. DATE Month OF DEATH Oct.	Doy Year 30, 1967					
S. SEX Male	6. COLOR OR RACE 7. MAR White WIDO		8. DATE OF BIRTH June 14, 18	9. AGE (In yeors IF UNDER Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.					
10o. USUAL OCCUPATION during most of working Farmer-Li	ON (Give kind of work done It no life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY Dirt—Timber	11. BIRTHPLACE (Stote Dorcheste		DUNTRY? USA					
13. FATHER'S NAME	William L. 1	regoe	14. MOTHER'S MAIDEN Ida Go							
(Yes, no. or unknown Yes	(If yes give wor or dotes of service)		informant arold Jones,	1553 Doxbur Mondo						
PART 1. DE 4201	DUE TO	Coronary occl	usion	ACSESSION DESIGNATION	ONSET AND DEATH Instant					
rise to immediate stoting the und	ote couse (o),									
rise to immediate stoting the una	ote couse (o), derlying cause (c)	TING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CO		19. WAS AUTOPSY PERFORMED? YES NO					
PART II. OTHER 200. EXTERNAL PRIMARY OF DEATH	ote couse (o), derlying cause DUE TO (c)	TING TO DEATH BUT NOT RELATED TO Db. DESCRIBE HOW INJURY OCCURRED		NDITION GIVEN IN PART I(a)	PERFORMED?					
PART II. OTHER 200. EXTERNAL PRIMARY OF DEATH 20c. TIME OF IN-Hour of	Ote couse (o), DUE TO (c)	Ob. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e. P		NDITION GIVEN IN PART I(a) Port I ar Part II of item 18.) n. 20f. (City or town) (Co	PERFORMED?					

VR A15ME (5) 6M 1/67

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of

Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

TESES.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13832

CERTIFICATE OF DEATH

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affe	the salts			b. CITY OR TOWN (It outside corporate limits I c IFNGTH OF STAY IN 1b II c CITY OR TOWN (If outside corporate limits write PUPA) and give r	neorest town)
Urs	20 7		1	write RURAL and give neorest town) RURAL - Camber: dae 240.9 Mos 2624 East New Market.	0.9-1
that the death certificate be executed within 24 hours after death	d in Sers. 72 h	13		a NAME OF HOSPITAL OR INSTITUTION (If no in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
-E	ban po	13			YES NO NO
wi	A par	1		NAME OF Lost A. DATE Month OF DECEASED (Type or print) First Middle Lost 4. DATE Month OF DEATH OCT.	7 19 6 7
uted	camplete ove carb y event,		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Xec	remove rany ev		F	Emale White WIDOWED \ DIVORCED \ May 9, 1882 St birthdoy) Months C	Doys Hours Min.
9 90	0 .=		1Do	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 (KIRTHPLACE (County & State or foreign country) 12 (TIT/	EN OF WHAT
9	physician c en please oval, and ir			ing most of working life, even if retired) INDUSTRY Manuscher Manu	ITRY2
ifico			13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
cert	g ph)		1	- IVI KILMON DORGE VARALL SILYMU	UF
ath	attending phys permit. Then p ian, or removal,			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Med. Reading Address Address	
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the				IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN ONSET AND DEATH
hat	by the ransit cremat			IMMEDIATE CAUSE (o)	THE PER SENT
es dirio				Conditions, if any, which gove) DUE TO PYFLO NEPHRITIS	1 44 5
qui	signed burial- burial,			rise to immediate couse (a),	I MO.
v re	he tal			stoting the underlying couse (c) CHRONIC BRAIN SYNDROME	2 YRS.
lay	s be as t			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)	YZQOTUA ZAW 91
The	cate ha ar use Heolth p	2	CERTIFICATION	DIABETIS MELLITIS + ARTERIOSCIEROSIS	19. WAS AUTOPSY PERFORMED? YES NO
AN			TIFIC	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	
SIC	ertif			OR CONTRIBUTING 🗀 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHY	his ce stache Dept.		MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour o.m. 20f. (City or town) (Count foctory, street, office bldg., etc.)	ty) (State)
S E	fter the be de State		×	p.m. 19 of work of work	
NO	d b			21. I certify that (I) (this haspital) attended the deceased fram OCT 6, 19 67, ta OCT 7, 19 6	
TTE	DR.			sow the deceased olive an OCT 7 19 67, and that death occurred of 632 PM, from couses and on the	
OR A	DIRECT ge 3 st led wit			220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE M.D. PHYS. DIRECTOR PHYS. 22b. DATE	SIGNED
ITAL		1		22c. PHYSICIAN'S NAME (Type) Sean M. Killoran 22d. ADDRESS - Carly Relitable Relitable	Maresland
OSP	ctar	1	230		ounty) (Stote)
O HO	o FUNERAL director, pa			REMOVAL (Specify) Only 9,1967 Sols Afril Gestin Su	efor years
-		M	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
,	/R A15 (4)	1	1	Caplin 2 1961 Music	D Jank A

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13832 13838 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR_STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH Dorchester o. COUNTY o. STATE Maryland b. COUNTY Talbot MARVIAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Cambridge 10 Min. Easton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Cambridge-Maryland Hospital R.F.D. 2 X NO YES ate e, writing the ward "pending" in pencil in Item 18. Give Pages farwarded ta the Chief Medical Examiner's Office alang win fo MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. NAME OF Middle Lost 4. DATE 10-5-57 Dov Year DECEASED Wilkins Jr. Joshua 19 (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdov) Months Dovs Hours May 2,1918 Male Negro WIDOWED DIVORCED in any event within 72 hours after death 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer COUNTYA None Queen Anne Co., Md. permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susie Harris Joshua Wilkins 16. SOCIAL SECURITY NO. 17 INFORMANT Address Easton. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dotes of service) 213-24-1525 Dorothy Wilkins Rt.2. Box 241. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Grand Mal seizure IMMEDIATE CAUSE (o) please execute the certificate, writing the ward DUE TO ? Coronary occlusion Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse and 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) crematian, ar remaval, YES X NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Yaur While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy X and in my opinian Inquiry for Inspection Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10/8/67 DEPUTY MEDICAL EXAMINER John Address (Street, city, town, or county) NAME (Typ. 23b. DATE THEREOF 10/12/67 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) 0 Carmicheal Carmicheal BUTTAL Tecify) 250. REC'D BY REGISTRAP 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5 Dashiell Funeral Home, Easton, Maryland

VR A15 (4) 25M 1/67

STATE OF STREET AS A STREET AS A STREET katala - Lumandit - MA - Ma spanish Everia Lasterna Shore Line (lower start S. Howards . S. Mary and . S. And the second s Samuel Service (Service)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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	7906	1.0		CERTIFIC	CATE OF	DEATH					* ()	
1	o. COUNTY D	RCHESTER	Team of	MARYLA	0	SUAL RESIDENCE (Where decea	sed lived, if institu b. COU	INTY	ce before o	1	
		(If outside corporate limits d give nearest town)	5,	c. LENGTH OF STAY IN	1b c. C	TY OR TOWN (If or		ate limits, write RU	IRAL ond give	neorest t	own)	7
3	d. NAME OF HOSPI	TAL OR INSTITUTION (IF no			d. S	RIDGELY TREET ADDRESS	None				IS RESIDENCE ON A FARM? S NO	
3		Ei	st	Middle	WILL	Last DUGHBY	4. DATE OF DEATH	Man 0 C T 0	th BER 6	Day	Year 19 67	
S	. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	1. 1	E OF BIRTH /20/78		9. AGE (In years lost birthday) 89 yrs.	IF UNDER Manths		F UNDER 24 H Haurs M	in.
di	uring most of working			D OF BUSINESS OR NOTE	11.	BIRTHPLACE (County MD.	& State, ar fo	areign country)		IZEN OF V UNTRY?	VHAT	
	3. FATHER'S NAME AND REW W					MOTHER'S MAIDEN		lloughb	У			
1:	S. WAS DECEASED EV Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates a	f service) 16. S	OCIAL SECURITY NO. 7 – 54 – 5731 J.1	17. INFOR	MANT PITAL RE	CORDS	Addr	ess			
	PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		a), (b), and (c))							VAL BETWEEN	
	Canditians, if any rise to immedia stating the under	te cause (o),	TO Ch	rome)	pyel	oneh	hriT	is		1 ,	zear	6
CATION	PART II. OTHER S	ignificant conditions controls controls elections		beart but not relate	1 .	RMINAL DISEASE COI	NDITION GIV	EN IN PART 1(a)		19. W PE YES	AS AUTOPSY RFOR MED?	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED. (Enter	noture of injury in	Part 1 or Pa	rt II of item IB.)				
MEDICAL	p.	m. 19	While at work	Nat While at wark	factory, str	NJURY (Hame, farn eet, affice bldg., etc.)	(City or town)	1	unty)	(State	
	21. I certi	fy that (I) (this has eceased alive on	oital) attend	ed the deceased from 19 6 7, an	am_Schi d that dea	th accurred at	245	na OCIODe A, fram causes	6, 19_ and on th	that ne date	(I) (we) stated ab	last ove
	22o. SIGNATURE	Carlos	FB	augu		TENDING HYS.	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	6-6	7
1	22c. PHYSICIAN'S NAME (Type	CARLOS	F. B	ARROS	0	HUTE	S.S.H UCK	OSPI TAK	CAMBR	I D GE	, Mo.)
2:	3a. BURIAL, CREMATI	23b. DATE THI 2) 10-8-		23c. NAME OF CEMETE Greenst		TORY		CATION (City or To		(County)	(State) land	
	A. FUNERAL DIRECTO	DR	Gro	ADDRESS	m	2Sa. REC'I	D BY REGIST		EGISTRAR'S SI		noge	

DATE OCT

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	in Exp		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN IN outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b hours Cambridge = vears Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS arvland NO V Ave. death certificate be executed within DO TO 3. NAME DE First Middle DATE Year Last Month DECEASED OF DEATH (Type or print) Viola Tollev 19 Windsor ct.8 6. COLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED -NEVER MARRIED Months Days Hours No Female WIDOWED P White DIVORCED physician an please ruly and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Hoopersville, Dor. Homemaker removal, 13. FATHER'S NAME Goldsborough To

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Grace Phillips 125 Maryland 17. INFORMANT 16. SOCIAL SECURITYNO. transit permit. (Yes, no, or unkown) (If yes give war or dates of service) NO Windsor, Cambridge George INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PHYSICIAN: The law requires that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA or attending physician. BRONCHIOGENIC IMMEDIATE CAUSE (a) signed burial-t burial, METASTASIS DUE TO Conditions, If any, which (b) peen gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. as (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use PERFORMED? YES NO V the hospital 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. Not While be at work at work retained to DOT P 21. I certify that (I) (this hospital) attended the deceased from AUG P. 1967, that (1) (we) last OIRECTOR: age 3 should lied with the P. M. from the causes and on the date stated above. saw the deceased alive on OCT 1967, and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page M.D. DIRECTOR PHYS HOSPITAL FUNERAL PHYSICUAN'S ADDRESS 22C. 22d. director, should be NAME (Type) AMBRIDGE LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) 0 Buria Dorchester Memorial Rark Cambridge . Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Cambridge, Md. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEKI	IFICA		VI	DEATH	

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		CERTIFICATE	OI DEATH		100 100			
Ī	1. PLACE OF DEATH			here deceosed lived, if institutio				
	o. COUNTY.	MARYLAND	O. STATE MARYLAND b. COUNTY AROLINE					
ı	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	write RURAL and give nearest town)	11. 51						
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give	4 man. Eday	d. STREET ADDRESS	N (RUR.	e. IS RESIDENCE			
	5.	11		212	ON A FARM?			
3		HOSPITAL	RTI BOX		YES NO NO			
П	3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
	(Type or print) Edith	KOSELLE	WRIGHT	DEATH /O	21 1967			
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
	F WIDOWED [DIVORCED	10-08-1241	1923 424 4yrs.				
		D OF BUSINESS OR USTRY	11. BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT			
	hone hone	JOIKI	TALBOT. 1	MARNIAND	COUNTRY USA			
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	Elon WRIGHT		MARY D.	1/01/47				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. 11	NFORMANT	Address	5 /			
1	(Yes, no, or unknown) (If yes give wor or dotes of service)	FA	etron 5	HORE STATE	Hospital			
F	1B. CAUSE OF DEATH (Enter only one couse per line for (c		SIGEN OF	TOES CIATO	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	PNEUMONIA	(LEFT LOW	ER LOBE)	ONSET AND DEATH			
	IMMEDIATE CAUSE (o)	LINE O LIDIO IN	(2011		WK.			
	Conditions if any which ages							
	rise to immediate couse (o),							
	stating the underlying fallse (SEIZURE	DISCEDED		IYR.			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			DITION CIVEN IN DADT 1(a)	19. WAS AUTOPSY			
3	HURLER			DITION GIVEN IN PART 1(0)	PERFORMED?			
6-	TO LER			and a Provide State State	YES NO			
1	200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	off I or Port II of Item 18.)				
1	20c. TIME OF INJURY Month, Doy, Year Hour o.m. While		E OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (Stote)			
	p.m. 17 of work	ot work						
	21. I certify that (I) (this haspital) attended	d the deceased from	06-13,19	167, to OCT 21	, 1967, that (I) (We) last			
		.119 <u>_6</u> /, and that	death accurred at_	M, fram causes a	nd an the date stated above.			
	220. SIGNATURE		ATTENDING NO	MED. STAFF	22b. DATE SIGNED			
	Son M Killoro	in M.D	. PHYS. LZS I	DIRECTOR L PHYS. L	Oct 21, 1967			
	22c. PHYSICIAN'S NAME (Type)	ORAN	22d. ADDRESS	1511 31	- 11			
1				/ SHORE STA				
	2300 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town	n) (County) (Stote)			
	1) WICE AL (OCE 24, 96/	12/4/0	74	INENION	/(I)			
	24 FUNERAL DIRECTOR	MODRESS			ISTRAR'S SIGNATURE			
0	1 HARRILES MOVIEB	1/5/20	DATOCT	2 6 1967	The same			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the Funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Pages 1 days should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deat VR A15 (4) 25M 1/67

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWN TO SECTION The territory of the second section of the section of the second section of the section of the second section of the s THEY & MARKET Elow WELGHT The Control of the State of the Control of the Cont BACKER SE SERVE 81-90 The transfer of the state of th TOP OF THE PARTY OF THE REST T